"Express Mail" Mailing Label Number: EB 795980582 US

PTO/SB/06 (08-00) 1/2002, OMB 0651-0032 MENT OF COMMERCE Paperwork Reduction Act of 1995, no persons are required to respond Application or Docket Number ATENT APPLICATION FEE DETERMINATION RECORD 10/698,158 (NPI-019) OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY OR **SMALL ENTITY** (Column 3) (Column 1) FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE BASIC FEE \$385 OR (37 CFR 1.16(a)) TOTAL CLAIMS x s_9 = 21 minus 20= 1 9 OR INDEPENDENT CLAIMS 0 : <u>42</u>-3 minus 3 = 0 OR (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CTR 1.16(3)) OR 394 TOTAL. OR TOTAL If the difference in column 1 is less then zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II OTHER THAN SMALL ENTITY OR SMALL ENTITY (Column I) (Column ?) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING PRESENT NUMBER RATE TIONAL RATE TIONAL **AMENDMENT AFTER** PREVIOUSLY EXTRA FEE FEE AMENDMENT PAID FOR OR Total 12 Minus 21 0 \$<u>25</u>= 0 \$ (37 CFR 1 166c) OR Independent *** Minus 4 3 3 ×105 = 105 (37 CFR 1.160m) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL OR 105 (Column 1) (Column 2) (Column 3) ADDIT. FEE ADDIT, FEE CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT TIONAL RATE. RATE TIONAL **AMENDMENT** AFTER PREVIOUSLY **EXTRA** FEE FEE AMENDMENT PAID FOR OR Total (3? CFR 1.16(c)) Minus OR Independent Minne OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL QR. ADDIT, FFE. (Column 1) ADDIT, FEF (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL TIONAL RATE **AMENDMENT** AFTER PREVIOUSLY **EXTRA** FEE FEE AMENDMENT PAID FOR OR Total (37 CF3 1.16(cm * * Minus = OR Independent *** Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL * If the entry in column 1 is less than the entry in column 2, write "O" in column 3. ADDIT. FEE ADDIT, FEE ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 yours to complete. Tune will vary depending upon the needs of the individual case.

Any comments on the amount of time you are required to complete this form should be sent to the Chier Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Putents, Washington, DC 20231.